

# UPDATED FINAL STATEMENT OF REASONS

For

## CALIFORNIA CODE OF REGULATIONS

### TITLE 22

### DIVISION 7

### CHAPTER 10 HEALTH FACILITY DATA

### ARTICLE 8 PATIENT DATA REPORTING REQUIREMENTS

97215. Format.
97225. Definition of Data Element for Inpatients—Principal Diagnosis and ~~Whether the Condition was Present at Admission~~Present on Admission Indicator.
97226. Definition of Data Element for Inpatients—Other Diagnosis and ~~Whether the Condition was Present at Admission~~Present on Admission Indicator.
97227. Definition of Data Element for Inpatients—External Cause of Injury and Present on Admission Indicator.
97234. Definition of Data Element for Inpatients—Principal Language Spoken.
97241. Extensions of Time to File Reports.
97244. Method of Submission.
97248. Error Tolerance Level.
97267. Definition of Data Element for ED and AS—Principal Language Spoken.

### REQUEST FOR EFFECTIVE ON FILING

**FOR THE PROPOSED CHANGES TO THE  
OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT'S (OSHDP)  
REPORTING REQUIREMENTS**

**ARTICLE 8: PATIENT DATA REPORTING REQUIREMENTS**

**Sections 97215, 97225, 97226, 97227, 97234, 97241, 97244, 97248, and 97267.**

Background information for replacing “Whether the Condition was Present at Admission” with the “Present on Admission Indicator.”

The “Whether the condition was present at admission” (CP@A) is currently a data element in the Discharge Data set. California Health and Safety Code Section 128735(f) requires reporting requirements established by OSHPD to be consistent with national standards as applicable. In May of 2007, when the Uniform Billing 1992 form (UB92) was superseded by the Uniform Billing 2004 (UB04) form, a similar data element called the “Present on Admission Indicator” (POA) began to be reported by all facilities who use the paper version of the UB04. OSHPD, mandated to use national standards as applicable, would like to use the POA indicator that is already collected by facilities rather than continue to use a data element description that will require facilities to report the same information two slightly different ways. The 837 Health Care Service Data Reporting Guide (HCSDRG) has incorporated the POA indicator into the next version (6010) although no adoption date has been announced yet (by the U.S. Secretary of Health and Human Services in the Federal Register).

In addition to these factors, the POA indicator guidelines have been published within the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) Official Guidelines for Coding and Reporting which is used to report all diagnosis and procedure codes to OSHPD. Also adoption of the POA indicator national standard will make California data comparable for this data element across other state databases that use the POA indicator.

The POA indicator is more specific in its application than the CP@A and is used in the external cause of injury (E-Code) fields so that more data is actually captured.

Recent communications with representatives of the NUBC and Centers for Medicare and Medicaid (CMS), a federal program, indicate that there was a delay in the implementation of electronic POA reporting requirements from the originally announced October 1, 2007, date to January 1, 2008.

## Background information for adding the Principal Language Spoken Data Element

SB 680, Figueroa, (Statute of 2001), incorporated into the California Health and Safety Code in Sections 128735(g)(5), 128736(a)(5), and 128737(a)(5), required that “principal language spoken” (PLS) be added as a data element to both inpatient and outpatient OSHPD data collection.

More recently AB 800, Yee, (Statute of 2006), incorporated into the California Health and Safety Code in Section 123147, also requires that a patient’s principal spoken language be included in a patient’s health record. The Census 2000 Summary File #3, prepared by the U. S. Census Bureau, shows that approximately 40% of Californians speak a language other than English at home. Poor communication between providers and patients can lead to lack of understanding that can have a negative impact on health care. Questions may be misunderstood, symptoms may be poorly described, inappropriate tests may be given, test results may be misunderstood, there can be confusion regarding how to take medicines and follow-up appointments may not be kept. Capturing principal language spoken will highlight the need for health care delivered in a language that both the provider and patient understand.

California Health and Safety Code Sections 128735(f), 128736(d), and 128737(d) require reporting requirements established by the OSHPD to be consistent with national standards as applicable. OSHPD conducted an examination of national code sets. As part of our research we considered the Census 2000 language collection schema. It was set up to collect languages other than English, which has no code. Some languages have the same numeric codes (one code for many languages). This was not recognized as a sufficient standard language code list.

There are two national language code lists, one from the National Information Standards Organization (NISO) NISO Z39.53 and the other from the International Organization for Standardization (ISO) ISO 639. Both of these are currently national standards for data segment “Member Language” in the 834 Benefit Enrollment and Maintenance Accredited Standards Committee (ASC) X12N 834 (004010X095) Guide. The NISO Z39.53 is a list of written languages. It is not a list to be used for spoken languages. The ISO 639 is a list of all languages, which are broken down into ISO 639.1 with two-digit alpha characters and ISO 639.2 with three-digit alpha characters for the representation of names of languages. The list of ISO 639.1 is a smaller subset of all of the 400+ languages listed in ISO 639.2. (ISO is a non-governmental worldwide federation of national standards bodies from more than 145 countries, based in Geneva, Switzerland.)

OSHPD purchased the two ISO 639 lists from the American National Standards Institute (ANSI) to examine them closely and then determine which will most appropriately meet the California mandate to report principal language spoken. We reviewed the list of languages in Census 2000 and contacted their staff for the technical reports on how they displayed the languages into those listed in the Census. We cross-walked the Census’ three-digit numeric codes and descriptions to ISO 639.2’s three-digit alpha codes and descriptions. Using the Census’ technical

report, we were able to get a perfect match. The term “other” in the Census’ list of selected languages included a lengthy list of languages. After discussions with OSHPD management and numerous data providers, the decision was made to provide a text field for languages that are not on the common list of languages for California thereby allowing any spoken language to be reported. The ISO’s list of 400+ languages is exhaustive and thus there is a need to truncate the list so that only the most commonly spoken languages in California are listed. The regulatory proposal lists 30 specific languages which are already used by Medi-Cal, the State Personnel Board, and the California Office of Minority and Multicultural Health.

OSHPD also discussed principal language spoken issues with Diane Peters, Privacy Analyst, Office of Legal Services at the Department of Health Services. OSHPD consulted with the Public Health Data Standards Consortium (PHSDC) regarding primary language spoken and the details were worked out by the 837 HCSDRG Workgroup. PHSDC coordinated with other states and participated in conference calls relating to their needs for language data collection. California was given the charge of drafting the definition and list of common languages. The participating states (Georgia Division of Public Health, Georgia Hospital Association, Washington Epidemiology, Planning and Evaluation Unit Public Health, Massachusetts) and the Agency for Healthcare Research and Quality (AHRQ) were in agreement that the ISO 639.2 should be chosen as the national standard language code list because it is more user-friendly and understandable. The states were also in agreement that the list should be shortened.

In June 2006, Robert Davis of PHSDC represented OSHPD’s interests and formally presented the request that OSHPD submitted to X12 in March 2006, which was to include the language data element into the 837 HCSDRG. In response, the X12 Architecture Workgroup recommended that we use the LUI (Language Use) data segment, instead of the DMA (Additional Demographic Information) data segment and approved this to be moved to the X12 N Insurance Workgroup for further discussion. OSHPD resubmitted the request to X12 in August 2006, using the LUI data segment. In September 2006, the X12N Committee added this (uncontested) data element into the 837 HCSDRG Version 5050, which is currently in draft for all other changes. It is possible that upon approval of the draft revisions by the X12 N Insurance Workgroup, the next 837 HCSDRG will be version 6010 in October 2008.

We are proposing these regulations at this time because the lengthy research needed to propose a standard has resulted in acceptance of a standard. It does not yet have a formal approval date, but the standard is established. Reporting entities need time to develop strategies for capturing the data before data reporting can begin. OSHPD needs time to reconfigure its online Medical Information Reporting System (MIRCal) before a new data element can be accepted.

OSHPD is proposing that the new data element “principal language spoken” be reported with discharges and encounters occurring on or after January 1, 2009, in anticipation of the standard’s formal approval by October of 2008.

## **CCR Section 97215(a)**

### **SPECIFIC PURPOSE OF THE CHANGE**

The first purpose of the revision is to update the Format and File Specifications for MIRCal Online Transmission: Inpatient Data to replace the “Condition Present At Admission” requirement (CP@A) with the “Present On Admission Indicator” (POA).

The use of ~~double-strikeout~~ text in the Format and File Specifications for MIRCal Online Transmission: Inpatient Data indicates that text has been deleted from the location of the strikeout text. The use of double underlined text indicates that text has been added. In some cases, text has been relocated by using strikeout and underline. An example of this would be part of the text for the “Special instructions” for “Other E-Codes” which is struckout and then is partially readded in a new location, following the newly added text “Other External Cause of Injury E-Code and Present on Admission.”

A second purpose is to update the Format and File Specifications for MIRCal Online Transmission: Inpatient Data to accommodate the principal language spoken data element for discharges occurring on or after January 1, 2009.

A third purpose is to update the Format and File Specifications to insert place-holding spaces for the future reporting migration from ICD-9-CM to ICD-10-CM and ICD-10-PCS. The updated Format and File Specifications for MIRCal Online Transmission: Inpatient Data Effective with Discharges occurring on or after July 1, 2008 document has a revision date of March 20, 2008.

The name of the document has been changed from Format and File Specifications for MIRCal Online Transmission: Inpatient Data to Format and File Specifications for MIRCal Online Transmission: Inpatient Data Effective with discharges occurring on or after July 1, 2008. The address stated on the coversheet of the document is updated to reflect OSHPD’s current location.

The Format and File Specifications for MIRCal Online Transmission: Inpatient Data Effective with Discharges occurring on or after July 1, 2008 document is incorporated by reference because it would be cumbersome and impractical to publish the document in the California Code of Regulations.

### **WHAT THE PROPOSED REGULATORY CHANGE DOES**

The revision updates the Format and File Specifications for MIRCal Online Transmission: Inpatient Data to accommodate the new data element, principal language spoken. It also replaces the CP@A fields with the POA Indicator. The additional spaces added for the future use of ICD-10-CM and ICD-10-PCS do not require any reporting action at this time but do require facilities to update their computer systems to assure compliance with the updated Format and Specifications. The updated Format and File Specifications for MIRCal Online Transmission: Inpatient Data document has a revision date of March 20, 2008. The name of the Format and Specifications document is updated to refer to “Inpatient Data” rather

than “Discharge Data” which reflects the term commonly used to describe this data set. The title is also updated to specify when it is effective. The full title of the document is Format and File Specifications for MIRCal Online Transmission: Inpatient Data Effective with discharges occurring on or after July 1, 2008. The updated address stated on the coversheet of the document states OSHPD’s current location.

The Format and File Specifications for MIRCal Online Transmission: Inpatient Data Effective with Discharges occurring on or after July 1, 2008 document is incorporated by reference because it would be cumbersome and impractical to publish the document in the California Code of Regulations.

### **NECESSITY FOR THE CHANGE**

OSHPD is mandated to collect the principal language spoken data element. OSHPD is choosing to replace the CP@A requirement with the POA Indicator because POA is used nationally whereas CP@A is used only in California and OSHPD is mandated to use national standards where applicable. This is an appropriate time to add placeholder spaces for the future reporting of ICD-10-CM and ICD-10-PCS because facilities are already having to adjust to an updated Format and Specification document and thus incorporating a few additional spaces at the same time is easier than adding them separately at a later date. The Format and File Specifications for MIRCal Online Transmission: Inpatient Data document has been updated and this necessitates a version with a revision date. The name of the Format and File Specifications document has been changed to refer to “Inpatient Data” rather than “Discharge Data” which is the term commonly used to identify this data set. The term “Discharge Data” is rarely used and thus is less user-friendly. The title has also been updated to specify when it is effective. The full title of the document is Format and File Specifications for MIRCal Online Transmission: Inpatient Data Effective with discharges occurring on or after July 1, 2008. The address update gives OSHPD’s current location. The Format and File Specifications for MIRCal Online Transmission: Patient Discharge Data document is incorporated by reference because it would be cumbersome and impractical to publish the document in the California Code of Regulations.

### **CCR Section 97215(b)**

#### **SPECIFIC PURPOSE OF THE CHANGE**

The purpose of the revision is to update the Format and File Specifications for MIRCal Online Transmission: Emergency Care and Ambulatory Surgery Data Effective with encounters occurring on or after January 1, 2009 to accommodate the new data element, principal language spoken.

The use of ~~double-strikeout~~ text in the Format and File Specifications for MIRCal Online Transmission: Emergency Care and Ambulatory Surgery Data indicates that text has been deleted from the location of the strikeout text. The use of double underlined text indicates that text has been added. In some cases, text has been

relocated by using strikeout and underline. An example of this would be part of the text for the "Special instructions" for "Other E-Codes" which is struckout and then is partially readed in a new location, following the newly added text "Other External Cause of Injury E-Code and Present on Admission."

The name of the document has been changed from Format and File Specifications for MIRCal Online Transmission: Emergency Care and Ambulatory Surgery Data to Format and File Specifications for MIRCal Online Transmission: Emergency Care and Ambulatory Surgery Data Effective with encounters occurring on or after January 1, 2009. The address stated on the coversheet of the document is updated to reflect OSHPD's current location.

The Format and File Specifications for MIRCal Online Transmission: Emergency Care and Ambulatory Surgery Data document is incorporated by reference because it would be cumbersome and impractical to publish the document in the California Code of Regulations.

#### **WHAT THE PROPOSED REGULATORY CHANGE DOES**

The revision updates the Format and File Specifications for MIRCal Online Transmission: Emergency Care and Ambulatory Surgery Data to accommodate the new data element, principal language spoken. The revision date for the Format and File Specifications for MIRCal Online Transmission: Emergency Care and Ambulatory Surgery Data Effective with encounters occurring on or after January 1, 2009 is March 20, 2008. Facilities will begin to collect the new principal language spoken data on January 1, 2009. The data will be reported to OSHPD, via MIRCal, on the proscribed due date of May 15, 2009. The updated address stated on the coversheet of the document states OSHPD's current location.

The Format and File Specifications for MIRCal Online Transmission: Emergency Care and Ambulatory Surgery Data document is also incorporated by reference because it would be cumbersome and impractical to publish the document in the California Code of Regulations.

#### **NECESSITY FOR THE CHANGE**

OSHPD is mandated to collect the principal language spoken data element. The additional data element is accommodated by updating the Format and File Specifications for MIRCal Online Transmission: Emergency Care and Ambulatory Surgery Data Effective with encounters occurring on or after January 1, 2009 and dating the revised document March 20, 2008. The address update gives OSHPD's current location.

The Format and File Specifications for MIRCal Online Transmission: Emergency Care and Ambulatory Surgery Data document is incorporated by reference because it would be cumbersome and impractical to publish the document in the California Code of Regulations.

### **CCR Section 97215(c)**

#### **SPECIFIC PURPOSE OF THE CHANGE**

The purpose of the revision is to update the Format and File Specifications for MIRCal Online Transmission: Emergency Care and Ambulatory Surgery Data to accommodate the new data element, principal language spoken. The revision date for the updated document is March 20, 2008. The address stated on the coversheet of the document is updated to reflect OSHPD's current location.

The use of ~~double-strikeout~~ text in the Format and File Specifications for MIRCal Online Transmission: Emergency Care and Ambulatory Surgery Data indicates that text has been deleted from the location of the strikeout text. The use of double underlined text indicates that text has been added. In some cases, text has been relocated by using strikeout and underline. An example of this would be part of the text for the "Special instructions" for "Other E-Codes" which is struckout and then is partially readed in a new location, following the newly added text "Other External Cause of Injury E-Code and Present on Admission."

#### **WHAT THE PROPOSED REGULATORY CHANGE DOES**

The revision updates the Format and File Specifications for MIRCal Online Transmission: Emergency Care and Ambulatory Surgery Data to accommodate the new data element, principal language spoken. The revision date for the Format and File Specifications for MIRCal Online Transmission: Emergency Care and Ambulatory Surgery Data Effective with encounters occurring on or after January 1, 2009 is March 20, 2008. Facilities will begin to collect the new principal language spoken data on January 1, 2009. The data will be reported to OSHPD, via MIRCal, on the proscribed due date of May 15, 2009. The revision date for the updated document is March 20, 2008. The updated address stated on the coversheet of the document states OSHPD's current location.

#### **NECESSITY FOR THE CHANGE**

OSHPD is mandated to collect the data element. To accommodate this new data element, the format and specifications for the online transmission of the data have to be updated and these required updates are stated in the Format and File Specifications for MIRCal Online Transmission: Emergency Care and Ambulatory Surgery Data Effective with encounters occurring on or after January 1, 2009 document dated March 20, 2008. The address update gives OSHPD's current location.

### **CCR Section 97215(d)**

No changes proposed for this subsection.



**CCR Section 97225****SPECIFIC PURPOSE OF THE CHANGE**

Currently OSHPD collects a CP@A indicator on all inpatient records. The indicator is used to help to determine the presence of the principal diagnosis of patients when they are admitted to the hospital. This data element is specific to the OSHPD Inpatient or Discharge Data set. OSHPD is proposing replacing its standard in favor of adoption of the POA indicator because the POA is a national standard. California Health and Safety Code Section 128735(f) requires reporting requirements established by OSHPD to be consistent with national standards as applicable. POA will be collected by all facilities that use paper or electronic UB04 billing. The POA indicator is a more detailed data element allowing for more choices than CP@A. POA is also added to E-Codes, whereas CP@A is only reported on diagnosis fields, so more comprehensive data are collected.

**WHAT THE PROPOSED REGULATORY CHANGE DOES**

Collecting the POA Indicator rather than continuing to collect CP@A allows OSHPD to meet its mandate to use a national standard since a national standard now exists. The POA indicator also allows OSHPD to collect more comprehensive data because POA is also collected on E-Code fields. Replacing CP@A with the POA indicator will prevent OSHPD from creating a situation where facilities would have to report similar information two different ways, one way for billing claims and a slightly different way for OSHPD.

**NECESSITY FOR THE CHANGE**

Adoption of the POA national standard will make California data comparable for this data element across other state databases that use the POA indicator. Using POA rather than CP@A will prevent the situation where facilities have to report similar information two different ways, one way for billing claims and a slightly different way for OSHPD.

**CCR Section 97225(a)**

No changes proposed for this subsection.

**CCR Section 97225(b)****SPECIFIC PURPOSE OF THE CHANGE**

Reporting of the CP@A data element has to end before POA reporting can begin. Stating an end of reporting date for CP@A is a means to this end.

**WHAT THE PROPOSED REGULATORY CHANGE DOES**

The change in this subsection states an ending date for the CP@A data element.

**NECESSITY FOR THE CHANGE**

Reporting of the CP@A data element has to end before POA reporting can begin, thus an ending date must be stated.

**CCR Section 97225(c)****SPECIFIC PURPOSE OF THE CHANGE**

Specific reporting is required for the POA data element; the added text clearly states the requirements and the date that the requirements are effective.

**WHAT THE PROPOSED REGULATORY CHANGE DOES**

This subsection states the begin date for the reporting of the POA data element and also provides the POA reporting requirements.

**NECESSITY FOR THE CHANGE**

Specific reporting is required and the added text clearly states the requirements. A reporting date and the specific text for the reporting of the POA data element are provided.

**CCR Section 97226****SPECIFIC PURPOSE OF THE CHANGE**

Currently OSHPD collects a CP@A indicator on all inpatient records. The indicator is used to help to determine the presence of the other diagnoses of patients when they are admitted to the hospital. This data element is specific to the OSHPD Inpatient or Discharge Data set. OSHPD is proposing to replace its standard in favor of adoption of the POA indicator because the POA is a national standard. California Health and Safety Code Section 128735(f) requires reporting requirements established by the OSHPD to be consistent with national standards as applicable. POA will be collected by all facilities that use paper or electronic UB04 billing. POA is a more detailed data element allowing for more choices than CP@A. POA is also added to E-Codes, whereas CP@A is only reported on diagnosis fields, so more comprehensive data are collected.

**WHAT THE PROPOSED REGULATORY CHANGE DOES**

Collecting the POA Indicator rather than continuing to collect CP@A allows OSHPD to meet its mandate to use a national standard since a national standard now exists. POA also allows OSHPD to collect more comprehensive data because POA is also collected on E-Code fields. Replacing CP@A with POA will prevent OSHPD from creating a situation where facilities would have to report similar information two different ways, one way for billing claims and a slightly different way for OSHPD.

**NECESSITY FOR THE CHANGE**

Adoption of the POA national standard will make California data comparable for this data element across other state databases that use the POA indicator. Using POA rather than CP@A will prevent the situation where facilities have to report similar information two different ways, one way for billing claims and a slightly different way for OSHPD.

**CCR Section 97226(a)**

No changes proposed for this subsection.

**CCR Section 97226(b)**

**SPECIFIC PURPOSE OF THE CHANGE**

Reporting of the CP@A data element has to end before POA reporting can begin. Stating an end of reporting date for CP@A is a means to this end.

**WHAT THE PROPOSED REGULATORY CHANGE DOES**

The change in this subsection states an ending date for the CP@A data element.

**NECESSITY FOR THE CHANGE**

Reporting of the CP@A data element has to end before POA reporting can begin, thus an ending date must be stated.

**CCR Section 97226(c)**

**SPECIFIC PURPOSE OF THE CHANGE**

Specific reporting is required for the POA data element; the added text clearly states the requirements and the date that the requirements are effective.

**WHAT THE PROPOSED REGULATORY CHANGE DOES**

This subsection states the begin date for the reporting of the POA data element and also provides the POA reporting requirements.

**NECESSITY FOR THE CHANGE**

A reporting date and the specific text for the reporting of the POA data element are provided. Specific reporting is required and the added text clearly states the requirements.

**CCR Section 97227**

**SPECIFIC PURPOSE OF THE CHANGE**

Currently, OSHPD collects a CP@A indicator on all Principal and all Other Diagnoses fields for all inpatient records. The CP@A indicator data element is not currently collected on any E-Code fields. POA will be collected on E-Code fields and therefore, will provide more comprehensive data. California Health and Safety Code Section 128735(f) requires reporting requirements established by the OSHPD to be consistent with national standards as applicable. POA will be collected by all facilities that use paper or electronic UB04 billing.

**WHAT THE PROPOSED REGULATORY CHANGE DOES**

Collecting POA allows OSHPD to meet its mandate to use a national standard since a national standard now exists. POA also allows OSHPD to collect more comprehensive data because POA is collected on E-Code fields.

**NECESSITY FOR THE CHANGE**

Adoption of the POA national standard will make California data comparable for this data element across other state databases that use the POA indicator.

**CCR Section 97227(a)****SPECIFIC PURPOSE OF THE CHANGE**

This Section is newly subdivided so that new text can be added in a separate subsection. This subdivision adds clarity to the text by separating the description of the purpose of an E-code from the text describing the reporting of the POA indicator.

**WHAT THE PROPOSED REGULATORY CHANGE DOES**

The subdivision adds clarity to the text by separating the description of the purpose of an E-code from the text describing the reporting of the POA indicator.

**NECESSITY FOR THE CHANGE**

Subdivision adds clarity to the text by separating the description of the purpose of an E-code from the text describing the reporting of the POA indicator.

**CCR Section 97227(b)****SPECIFIC PURPOSE OF THE CHANGE**

CP@A indicator data element is not currently collected on any E-Code fields. POA will be reported for E-codes. Specific reporting is required for the POA data element; the added text clearly states the requirements and the date that the requirements are effective.

**WHAT THE PROPOSED REGULATORY CHANGE DOES**

CP@A indicator data element is not currently collected on any E-Code fields. POA will be reported for E-codes. This subsection states the begin date for the reporting of the POA data element and also provides the POA reporting requirements. The addition of the POA data element to the E-Code fields increases the length of the data file. This change is detailed in the Format and File Specifications for MIRCAl Online Transmission: Inpatient Data as revised on March 20, 2008.

**NECESSITY FOR THE CHANGE**

Specific reporting is required and the added text clearly states the requirements. A reporting date and the specific text for the reporting of the POA data element are provided.

**CCR Section 97234****SPECIFIC PURPOSE OF THE CHANGE**

This new section is added to specify that the principal language spoken (PLS) data element shall be reported for discharges occurring on or after January 1, 2009. This section specifies three alternatives for reporting the new data element to OSHPD in subsections (a), (b), and (c).

### **WHAT THE PROPOSED REGULATORY CHANGE DOES**

The regulatory change requires that the PLS data element shall be reported to OSHPD. It also states that collection of data shall begin on with discharges occurring on or after January 1, 2009. Three alternatives for reporting the new data element to OSHPD are stated in subsections (a), (b), and (c).

### **NECESSITY FOR THE CHANGE**

SB 680, Figueroa, (Statute of 2001), incorporated into the California Health and Safety Code in Section 128735 required that "Principal Language Spoken" be added as a data element to OSHPD data collection. It also required reporting requirements established by OSHPD to be consistent with national standards as applicable. The Principal Language Spoken data element uses the International Organization for Standardization (ISO) ISO 639.2 standard. More recently AB 800, Yee, (Statute of 2006), incorporated into the California Health and Safety Code in Section 123147, also required that a patient's principal spoken language be included in a patient's health record.

The regulatory change requires that the principal language spoken data element be reported to OSHPD. It is necessary to state that collection of data shall begin with discharges occurring on or after January 1, 2009. It is also necessary to state specific reporting requirements.

### **CCR Section 97241(a)(1):**

#### **SPECIFIC PURPOSE OF THE CHANGE**

The purpose of the revision is to strikeout text stating that notices regarding the use of extension days, new due dates, and notices of approval and rejection will be available on the MIRCal Submission Status page. These notices are not available on the MIRCal Submission Status page. Removing the text will correct the misstatement. Also the date format is changed from 06/09/2005 to June 9, 2005, to be consistent with the date format that OSHPD has chosen to use.

### **WHAT THE PROPOSED REGULATORY CHANGE DOES**

The deletion of the sentence adds accuracy by correcting a misstatement.

### **NECESSITY FOR THE CHANGE**

Notices regarding the use of extension days, and new due dates, as well as notices of approval and rejection, are not available on the MIRCal Submission Status page. Striking out the text will correct the current misstatement.

### **CCR Section 97241(a)(2), (b), (c), and (d):**

No changes to these subsections.

## **CCR Section 97244**

### **CCR Section 97244(a):**

No changes to this subsection.

### **CCR Section 97244(b):**

#### **SPECIFIC PURPOSE OF THE CHANGE**

The purpose of the revision is to update the paragraph to state an ending date for the use of the OSHPD 1370.IP form as revised on March 17, 2004. Also the revision date is restated in an alphabetical format rather than a numerical format (March rather than 03).

The Manual Abstract Reporting Form (OSHPD 1370.IP) as revised on March 17, 2004 is incorporated by reference because it would be cumbersome and impractical to publish the document in the California Code of Regulations.

#### **WHAT THE PROPOSED REGULATORY CHANGE DOES**

This subsection states the usage period for the OSHPD1370.IP form, as revised on March 17, 2004.

Also, the Manual Abstract Reporting Form (OSHPD 1370.IP) as revised on March 17, 2004 is incorporated by reference because it would be cumbersome and impractical to publish the document in the California Code of Regulations.

#### **NECESSITY FOR THE CHANGE**

An updated form was needed to meet updated reporting requirements. The ending date clarifies the period when the form may be used. The Manual Abstract Reporting Form (OSHPD 1370.IP) as revised on March 17, 2004 is incorporated by reference because it would be cumbersome and impractical to publish the document in the California Code of Regulations.

### **CCR Section 97244(b)(1):**

#### **SPECIFIC PURPOSE OF THE CHANGE**

The purpose of this new subsection is to update the Hospital Discharge Abstract Data Record Manual Abstract Reporting Form (OSHPD 1370.IP) to accommodate the transition from CP@A to POA data element which will be effective with July 1, 2008, reporting. The form will be given an updated title to reflect the common usage of the term "Inpatient Data" rather than "Discharge Data." The form for the POA change has a revision date of January 18, 2008.

The use of ~~double-strikeout~~ text in the Manual Abstract Reporting Form (OSHPD 1370.IP) as revised on January 18, 2008, indicates that text has been deleted from the location of the strikeout text. The use of double underlined text indicates that text has been added. In some cases, text has been relocated by using strikeout and

underline. An example of this would be part of the text for the “Special instructions” for “Other E-Codes” which is struckout and then is partially readded in a new location, following the newly added text “Other External Cause of Injury E-Code and Present on Admission.”

The Manual Abstract Reporting Form (OSHPD 1370.IP) as revised on January 18, 2008 is incorporated by reference because it would be cumbersome and impractical to publish the document in the California Code of Regulations.

#### **WHAT THE PROPOSED REGULATORY CHANGE DOES**

This new subsection updates the Hospital Discharge Abstract Data Record Manual Abstract Reporting Form (OSHPD 1370.IP) to accommodate the transition from CP@A to POA date element which will be effective with July 1, 2008, reporting. The form for the POA change has been given an updated title and a revision date of January 18, 2008. The form has also been incorporated by reference because it would be cumbersome and impractical to publish the document in the California Code of Regulations.

#### **NECESSITY FOR THE CHANGE**

This new subsection updates the Hospital Discharge Abstract Data Record Manual Abstract Reporting Form (OSHPD 1370.IP) to accommodate the transition from CP@A to POA date elements which will be effective with July 1, 2008, reporting. The form is incorporated by reference because it would be cumbersome and impractical to publish the document in the California Code of Regulations.

#### **CCR Section 97244(b)(2):**

##### **SPECIFIC PURPOSE OF THE CHANGE**

This purpose of this new subsection is to update the Hospital Discharge Abstract Data Record Manual Abstract Reporting Form (OSHPD 1370.IP) a second time to accommodate the new data element, Principal Language Spoken, which will be effective for discharges occurring on or after January 1, 2009. The form has an updated title to reflect the common usage of the term “Inpatient Data” rather than “Discharge Data.” The form will be given a revised date of February 26, 2008, for the addition of the PLS data element.

The use of ~~double-strikeout~~ text in the Manual Abstract Reporting Form (OSHPD 1370.IP) as revised on February 26, 2008, indicates that text has been deleted from the location of the strikeout text. The use of double underlined text indicates that text has been added. In some cases, text has been relocated by using strikeout and underline. An example of this would be part of the text for the “Special instructions” for “Other E-Codes” which is struckout and then is partially readded in a new location, following the newly added text “Other External Cause of Injury E-Code and Present on Admission.”

The Manual Abstract Reporting Form (OSHPD 1370.IP) as revised on February 26, 2008 is incorporated by reference because it would be cumbersome and impractical to publish the document in the California Code of Regulations.

#### **WHAT THE PROPOSED REGULATORY CHANGE DOES**

This new subsection is to update the Hospital Discharge Abstract Data Record Manual Abstract Reporting Form (OSHPD 1370.IP) a second time to accommodate the new data element, Principal Language Spoken, which will be effective for discharges occurring on or after January 1, 2009. The forms will also be given an updated title and a revision dates of February 26, 2008, for the addition of the PLS data element. The form is incorporated by reference because it would be cumbersome and impractical to publish the document in the California Code of Regulations.

#### **NECESSITY FOR THE CHANGE**

This new subsection updates the Hospital Discharge Abstract Data Record Manual Abstract Reporting Form (OSHPD 1370.IP) a second time to accommodate the new data element, Principal Language Spoken, which will be effective for discharges occurring on or after January 1, 2009. The form is incorporated by reference because it would be cumbersome and impractical to publish the document in the California Code of Regulations.

#### **CCR Section 97244(c):**

#### **SPECIFIC PURPOSE OF THE CHANGE**

The purpose of the revision is to update the paragraph to state an ending date for the use of the OSHPD 1370.ED form as revised on January 1, 2006. Also the revision date is restated in an alphabetical format rather than a numerical format (January rather than 01). The Manual Abstract Reporting Form (OSHPD 1370.ED) as revised on January 1, 2006 is incorporated by reference because it would be cumbersome and impractical to publish the document in the California Code of Regulations.

#### **WHAT THE PROPOSED REGULATORY CHANGE DOES**

The ending date states the last date of the usage period for the current OSHPD1370.ED form. The form is incorporated by reference because it would be cumbersome and impractical to publish the document in the California Code of Regulations.

#### **NECESSITY FOR THE CHANGE**

The ending date clarifies the period when the current form may be used. A revised form will be available and so it is necessary to clarify which version of the form to use. The form is incorporated by reference because it would be cumbersome and impractical to publish the document in the California Code of Regulations.



**CCR Section 97244(c)(1):**

**SPECIFIC PURPOSE OF THE CHANGE**

The purpose of this new subsection is to reference the updated version of the Format and File Specifications for MIRCAl Online Transmission: Emergency Care and Ambulatory Surgery Data Effective with encounters occurring on or after January 1, 2009, to accommodate the new data element, principal language spoken, and also to provide the updated Manual Abstract Reporting Form (1370.ED) to facilitate the reporting of the PLS data element.

The use of ~~double-strikeout~~ text in the Manual Abstract Reporting Form (OSHPD 1370.ED) as revised on February 26, 2008 indicates that text has been deleted from the location of the strikeout text. The use of double underlined text indicates that text has been added. In some cases, struckout text has been relocated to another area of the form and has been readded. Expected Source of Payment is an example of this.

The Manual Abstract Reporting Form (OSHPD 1370.ED) as revised on February 26, 2008 is incorporated by reference because it would be cumbersome and impractical to publish the document in the California Code of Regulations.

**WHAT THE PROPOSED REGULATORY CHANGE DOES**

This new subsection is to reference the updated version of the Format and File Specifications for MIRCAl Online Transmission: Emergency Care and Ambulatory Surgery Data Effective with encounters occurring on or after January 1, 2009 and the updated Manual Abstract Reporting Form (1370.ED). The form is incorporated by reference because it would be cumbersome and impractical to publish the document in the California Code of Regulations.

**NECESSITY FOR THE CHANGE**

New data reporting requirements require updated documentation. The updated version of the Format and File Specifications for MIRCAl Online Transmission: Emergency Care and Ambulatory Surgery Data Effective with encounters occurring on or after January 1, 2009 is made available, as is the updated Manual Abstract Reporting Form (1370.ED). The form is incorporated by reference because it would be cumbersome and impractical to publish the document in the California Code of Regulations.

**CCR Section 97244(d):**

**SPECIFIC PURPOSE OF THE CHANGE**

The purpose of the revision is to update the paragraph to state an ending date for the use of the OSHPD 1370.AS form as revised on January 1, 2006. Also the revision date is restated in an alphabetical format rather than a numerical format (January rather than 01). The Manual Abstract Reporting Form (OSHPD 1370.AS) as revised on January 1, 2006 is incorporated by reference because it would be cumbersome and impractical to publish the document in the California Code of Regulations.

## **WHAT THE PROPOSED REGULATORY CHANGE DOES**

The ending date states the last date of the usage period for the current OSHPD1370.AS form. The form is incorporated by reference because it would be cumbersome and impractical to publish the document in the California Code of Regulations.

## **NECESSITY FOR THE CHANGE**

The ending date clarifies the period when the current form may be used. A revised form will be available and so it is necessary to clarify which version of the form to use. The form is incorporated by reference because it would be cumbersome and impractical to publish the document in the California Code of Regulations.

### **CCR Section 97244(d)(1):**

#### **SPECIFIC PURPOSE OF THE CHANGE**

The purpose of this new subsection is to reference the updated version of the Format and File Specifications for MIRCAl Online Transmission: Emergency Care and Ambulatory Surgery Data Effective with encounters occurring on or after January 1, 2009 to accommodate the new data element, principal language spoken, and also to provide the updated Manual Abstract Reporting Form (1370.AS) as revised on February 26, 2008, to facilitate the reporting of the PLS data element.

The use of ~~double-strikeout~~ text in the Manual Abstract Reporting Form (OSHPD 1370.AS) as revised on February 26, 2008 indicates that text has been deleted from the location of the strikeout text. The use of double underlined text indicates that text has been added. In some cases struckout text has been relocated to another area of the form and has been readded. Expected Source of Payment is an example of this.

The Manual Abstract Reporting Form (OSHPD 1370.AS) as revised on February 26, 2008 is incorporated by reference because it would be cumbersome and impractical to publish the document in the California Code of Regulations.

## **WHAT THE PROPOSED REGULATORY CHANGE DOES**

This new subsection references the updated version of the Format and File Specifications for MIRCAl Online Transmission: Emergency Care and Ambulatory Surgery Data Effective with encounters occurring on or after January 1, 2009, and the updated Manual Abstract Reporting Form (1370.AS). The form is incorporated by reference because it would be cumbersome and impractical to publish the document in the California Code of Regulations.

## **NECESSITY FOR THE CHANGE**

New data reporting requirements require updated documentation. The updated version of the Format and File Specifications for MIRCAl Online Transmission: Emergency Care and Ambulatory Surgery Data Effective with encounters occurring on or after January 1, 2009 is made available, as is the updated Manual Abstract

Reporting Form (1370.AS). The form is incorporated by reference because it would be cumbersome and impractical to publish the document in the California Code of Regulations.

**CCR Section 97248.**

**CCR Section 97248(a):**

No changes to this subsection.

**CCR Section 97248(b):**

**SPECIFIC PURPOSE OF THE CHANGE**

When POA data element replaces the CP@A data element there will be no need for an edit related to CP@A. Table 1 is renumbered to become Table 1A and is given an end of use date. Table 1B is created, with no CP@A edit and is given an effective date. Table 1B also has no edit for Discharge date. The Discharge Date default has become obsolete because records that fall outside the reporting period do not meet the approval criterion stated in Section 97247(a)(3) which states that The report period stated in the transmittal information must be consistent with all of the records in the report. No records with incorrect due dates can be accepted and thus no default value is needed.

**WHAT THE PROPOSED REGULATORY CHANGE DOES**

The proposed changes to this subsection update Table 1 by creating Tables 1A and 1B for use in specific time periods and also delete obsolete default values.

**NECESSITY FOR THE CHANGE**

The proposed Table changes are related to the replacing of the CP@A data element with the POA data element. When the CP@A data element is replaced, the default value will be obsolete and should therefore be removed from the Table. The discharge date edit is also obsolete and is removed. Table 1 becomes Tables 1A and 1B to indicate when the new Table should be used.

The proposed change to delete the default value for the Discharge Date data element is needed because this default is obsolete. No records with incorrect due dates can be accepted and thus no default value is needed.

**CCR Section 97248(c):**

No changes to this subsection.

**CCR Section 97248(d):**

No changes to this subsection.

## **CCR Section 97267**

### **SPECIFIC PURPOSE OF THE CHANGE**

This new section is added to specify that the Principal Language Spoken (PLS) data element be reported for encounters occurring on or after January 1, 2009. This section specifies three alternatives for reporting the new data element to OSHPD in subsections (a), (b), and (c).

### **WHAT THE PROPOSED REGULATORY CHANGE DOES**

The regulatory change requires that the PLS data element be reported to OSHPD. It also states that collection of data shall begin on with encounters occurring on or after January 1, 2009. Three alternatives for reporting the new data element to OSHPD are stated in subsections (a), (b), and (c).

### **NECESSITY FOR THE CHANGE**

SB 680, Figueroa, (Statute of 2001), incorporated into the California Health and Safety Code in Section 128735 required that "principal language spoken" be added as a data element to OSHPD data collection. It also required reporting requirements established by OSHPD to be consistent with national standards as applicable. The Principal Language Spoken data element uses the International Organization for Standardization (ISO) ISO 639.2 standard. More recently AB 800, Yee, (Statute of 2006), incorporated into the California Health and Safety Code in Section 123147, also required that a patient's principal spoken language be included in a patient's health record.

The regulatory change requires that the principal language spoken data element shall be reported to OSHPD. It is necessary to state that collection of data shall begin on with discharges occurring on or after January 1, 2009. It is also necessary to state specific reporting requirements.

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### **Note on National Provider Identifier (Optional)**

The National Provider Identifier (NPI) is assigned by the Centers for Medicare and Medicaid Services (CMS) National Plan and Provider Enumeration System (NPPES). OSHPD is not requesting or requiring the NPI. Some facilities are choosing to report their NPI to OSHPD. OSHPD is providing "placeholder" spaces for the NPI in both the Inpatient Data and the Emergency Department and Ambulatory Surgery databases. No edits will be applied to this field at this time.

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### **Request For Regulations To Be Effective Upon Filing**

Until these regulations become effective, facilities are required to report the Condition Present At Admission (CP@A) data element to OSHPD. On July 1, 2008, Medicare began requiring all facilities that bill for Medicare services to report a very similar data element called Present On Admission (POA). Most facilities reporting data to

OSHPD also bill Medicare for their services. OSHPD would like to adopt the Medicare data element POA in place of its current proprietary CP@A data element to reduce the data-gathering and reporting burden on these facilities. Thus, the sooner the regulations become effective, the sooner facilities will have a reduced burden.

DRAFT